

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

097856738

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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48				/		
49				/		
50				/		
TOTAL IND.	1					
TOTAL DEP.	5					
TOTAL CLAIMS	6					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52				/		
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100						
TOTAL IND.			5			
TOTAL DEP.			49			
TOTAL CLAIMS			54			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS